

SUBMIT COMPLETED REQUEST TO:
State Controller's Office
Personnel/Payroll Services Division
ATTN: W-2 Unit
PO Box 942850
Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.

For additional information, including Volume Processing Information, refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section I.

Submit only original.

[illegible]

AGENCY/CAMPUS NAME

I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE

DATE SIGNED

TYPED OR PRINTED NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS REQUEST

(Include Area Code or use CALNET)

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NON-USPS ADJUSTMENT REQUEST--VALUES

(Fringe Benefit/Employee Business Expense)

STD. 676V (REV. 8-98) (REVERSE) (FMC Electronic)



INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information. Entries on Form STD. 676V must be as follows:

CSU Only: See PPM Section I-163 for special reporting instructions for Student Assistants.

BOX A -- Item Code. A separate form STD. 676V is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX B -- Item Description. Enter the full name, below, of the benefit being reported (e.g. CARS , Personal Use of State Vehicle).

BOX C -- Tax Year. A separate form STD. 676V is required for each tax year.

BOX D -- Page ____ of ____ must be completed.

COLUMN

1. Enter the employee's Social Security Number.
2. Enter the employee's first/middle initials and surname.
3. Enter the three-digit agency code.
4. Enter the three-digit unit number.
5. Enter the pay period in which the benefit amounts were received or incurred.
6. Enter the gross amount subject to withholding.
7. Leave blank.
8. Enter the State Code--CA, California
IL, Illinois
NY, New York
Blank, all others

NOTE: FOR CAR/VAN POOL, COMMUTER HIGH-WAY VEHICLE AND DISCOUNT TRAVEL/TRANSIT PASS, LEAVE STATE CODE BLANK.

COLUMN

9. Enter the issue date of the benefit value. Issue date is defined as the last day of the pay period in which benefit values were provided to the employee.

NOTE: NON-CASH TAXABLE FRINGE BENEFITS ARE REPORTED UNDER A SPECIAL ACCOUNTING PERIOD (SAP) OF DECEMBER THROUGH NOVEMBER. FOR NON-CASH BENEFITS RECEIVED IN THE MONTH OF DECEMBER, ENTER 01/01/XX OF THE SUBSEQUENT YEAR. SEE PAYROLL PROCEDURES MANUAL, SECTION I-165.

BOTTOM BOXES

- Enter the agency/campus name.
- Signature of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.

ITEM CODE ITEM DESCRIPTION

AIRCRAFT

- AP • Personal Use of State Aircraft

AWARDS/BONUSES/INCENTIVES

- AL • Lottery Sales Recognition Program (CS)
AI • Rideshare Incentive Award Program (CSU)
AM • Merit Award Program (*Cash equivalent*)
II • Miscellaneous Incentive Programs (*Cash equivalent*)

CARS

- CP • Personal Use of State Vehicle
CV • Vehicle Provided by Third Parties

EA EDUCATIONAL ASSISTANCE

HOUSING/LODGING

- HV • Value of State Housing

LIFE INSURANCE

- LL • Group Term Life Insurance (Legislators)
LN • Group Term Life Insurance (Non-Legislators)

ITEM CODE ITEM DESCRIPTION

LOAN PROGRAMS

- LF • Forgivable Loan/Doctoral Incentive Program (CSU)
LA • Loan Assumption Program (CS)
LP • Loan Forgiveness Program (CS)

OP OUT-PLACEMENT

OM OVERTIME MEAL COMPENSATION

SC SCHOLARSHIPS

- Fee Waiver Program (CSU)

TRANSPORTATION SUBSIDIES

- TC • Car/Van Pool (CSU)
TH • Commuter Highway Vehicle (CSU)
TD • Discount Travel/Transit Pass

UA UNIFORM ALLOWANCES